



TRAVELLING CLAIM FORM

FOR THE MONTH OF _____ 20
 (Please complete this form before the 1st week of the following month)

NAME : _____	STAFF NO : _____
POSITION : _____	BASIC SALARY : _____
OFFICE ADDRESS : _____	SALARY GRADE : _____
HOME ADDRESS : _____	

DESTINATION AND TYPE OF JOB (PLEASE ATTACH APPROVAL LETTER)	ESTIMATED TIME AND DATE			TOTAL K/METER WORKING TO & FRO	HOTEL / LODGING ALLOWANCE	FOOD / DAILY ALLOWANCE	OTHER (PLS ATTACH RECEIPT)
	DATE & TIME		TOTAL				
	FROM	TO	TIME				
TOTAL				KM	RM (1)	RM (2)	RM (3)

Workstation : MSD
 Version no : 01
 Revision no : 00
 Effective Date : 14 June 2013

TYPE OF TRANSPORT : _____
 TRANSPORT REGISTRATION NO : _____
 C.C. : _____

DISTANCE (KILOMETER)	CENTS PER KILOMETER PER MONTH					KM x RATE PER KM (RM)
	CLASS A	CLASS B	CLASS C	CLASS D	CLASS E	
FIRST 500 KM	70	60	50	45	40	RM
501 KM TO 1,000 KM	65	55	45	40	35	RM
1,001 KM TO 1,700 KM	60	50	40	35	30	RM
FOR EVERY KM AFTER 1,701 KM	55	45	35	30	25	RM
TOTAL MILEAGE CLAIM (4)						RM

CLASS	BASIC	TYPE OF CAR/CC
A	NOT LESS THAN RM 2,625.45 PER MONTH	FROM 1400 cc
B	NOT LESS THAN RM 2,333.00 PER MONTH	FROM 1000 cc
C	NOT LESS THAN RM 1,820.75 PER MONTH	LESS THAN 1000 cc
D (Motorcycle)	LESS THAN RM 1,820.75 PER MONTH	NOT LESS THAN 175 cc
E (Motorcycle)	LESS THAN RM 1,820.75 PER MONTH	LESS THAN 175 cc

GRAND TOTAL (ITEM 1, 2, 3 & 4) RM

DEDUCT ADVANCE TAKEN
 (VOUCHER NO.:)
) (RM

CLAIM PAYABLE RM

I AFFIRM THAT THE ABOVE CLAIM IS TRUE

I CERTIFY THAT THE STAFF'S CLAIM IS CORRECT

I CERTIFY THAT THE STAFF'S CLAIM IS CORRECT

 SIGNATURE OF REQUESTER
 DATE:

 SIGNATURE OF HEAD OF UNIT
 DEPT. STAMP:
 DATE:

 SIGNATURE HEAD OF DEPARTMENT
 DEPT. STAMP:
 DATE:

ELIGIBILITY CATEGORY & RATES

**Pekeliling Perbendaharaan Bil. 3 Tahun 2003 : Kadar dan syarat tuntutan elaun, kemudahan dan bayaran kepada Pegawai Perkhidmatan Awam kerana menjalankan tugas rasmi (tidak termasuk anggota tentera dan anggota polis.)*